

SERIAL NUMBER <div style="text-align: center;">09/468,206</div>	FILING DATE <div style="text-align: center;">12/20/99</div>	CLASS <div style="text-align: center;">381</div>	GROUP ART UNIT <div style="text-align: center;">2747</div>	ATTORNEY DOCKET NO. <div style="text-align: center;">09743/019001</div>						
<div style="display: flex;"> <div style="writing-mode: vertical-rl; transform: rotate(180deg); font-weight: bold; margin-right: 10px;">APPLICANT</div> <div> <p>TAKESHI FUJITA, KANAGAWA-KEN, JAPAN.</p>    <p><b>**CONTINUING DOMESTIC DATA*****</b>            VERIFIED  <u>none</u> - AG</p> <p><b>**371 (NAT'L STAGE) DATA*****</b>            VERIFIED  <u>none</u> - AG</p>    <p><b>**FOREIGN APPLICATIONS*****</b>            VERIFIED  <u>none</u> - AG</p>    <p>IF REQUIRED, FOREIGN FILING LICENSE GRANTED 01/24/00</p> </div> </div>										
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:45%;">           Foreign Priority claimed            35 USC 119 (a-d) conditions met           <div style="display: flex; align-items: center;"> <input type="checkbox"/> yes <input checked="" type="checkbox"/> no           </div> </td> <td style="width:15%;"> <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance           </td> <td style="width:15%;">           STATE OR COUNTRY            JPX         </td> <td style="width:10%;">           SHEETS DRAWING            7         </td> <td style="width:10%;">           TOTAL CLAIMS            6         </td> <td style="width:10%;">           INDEPENDENT CLAIMS            2         </td> </tr> </table>					Foreign Priority claimed 35 USC 119 (a-d) conditions met <div style="display: flex; align-items: center;"> <input type="checkbox"/> yes <input checked="" type="checkbox"/> no           </div>	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY JPX	SHEETS DRAWING 7	TOTAL CLAIMS 6	INDEPENDENT CLAIMS 2
Foreign Priority claimed 35 USC 119 (a-d) conditions met <div style="display: flex; align-items: center;"> <input type="checkbox"/> yes <input checked="" type="checkbox"/> no           </div>	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY JPX	SHEETS DRAWING 7	TOTAL CLAIMS 6	INDEPENDENT CLAIMS 2					
<div style="display: flex;"> <div style="writing-mode: vertical-rl; transform: rotate(180deg); font-weight: bold; margin-right: 10px;">ADDRESS</div> <div>           SCOTT C HARRIS            FISH &amp; RICHARDSON            4225 EXECUTIVE SQUARE            SUITE 1400            LA JOLLA CA 92037         </div> </div>										
<div style="display: flex;"> <div style="writing-mode: vertical-rl; transform: rotate(180deg); font-weight: bold; margin-right: 10px;">TITLE</div> <div>           LOUDSPEAKER SYSTEM HAVING WIDE-DIRECTIONAL CHARACTERISTICS         </div> </div>										
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%;">           FILING FEE RECEIVED  <div style="text-align: center;">\$760</div> </td> <td style="width:45%;">           FEES: Authority has been given in Paper            No. _____ to charge/credit DEPOSIT ACCOUNT            NO. _____ for the following:         </td> <td style="width:40%;"> <div style="display: flex; flex-direction: column;"> <input type="checkbox"/> All Fees           <input type="checkbox"/> 1.16 Fees (Filing)           <input type="checkbox"/> 1.17 Fees (Processing Ext. of time)           <input type="checkbox"/> 1.18 Fees (Issue)           <input type="checkbox"/> Other _____           <input type="checkbox"/> Credit _____         </div> </td> </tr> </table>					FILING FEE RECEIVED <div style="text-align: center;">\$760</div>	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT NO. _____ for the following:	<div style="display: flex; flex-direction: column;"> <input type="checkbox"/> All Fees           <input type="checkbox"/> 1.16 Fees (Filing)           <input type="checkbox"/> 1.17 Fees (Processing Ext. of time)           <input type="checkbox"/> 1.18 Fees (Issue)           <input type="checkbox"/> Other _____           <input type="checkbox"/> Credit _____         </div>			
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